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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P161300
First Named Inventor	MONGOMERY, Sonya
COMPLETE IF KNOWN	
Application Number	09 / 662,706
Filing Date	September 15, 2000
Group Art Unit	3736
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND PROCESS FOR CONDITIONING MAMMALIAN BLOOD

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **09/15/2000**

as United States Application Number or PCT International

Application Number **09/662,706** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/154,215	09/16/1999	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:



Customer Number
or Bar Code Label

022839

OR ☐

Correspondence address below

Name **RICHEs, McKENZIE & HERBERT LLP**

Address **2 Bloor Street East, Suite 2900**

Address

City **Toronto**

State **Ontario**

ZIP **M4W 3J5**

Country **CANADA**

Telephone **(416) 961-5000**

Fax **(416) 961-5081**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☒ A petition has been filed for this unsigned inventor

Given Name

Sonya

(first and middle (if any))

Family Name
or Surname

MONGOMERY

Inventor's
Signature

Date , 2000

Residence: City **Mississauga**

State **Ontario**

Country **Canada**

Citizenship **Canadian**

Mailing Address **c/o 2155 Dunwin Drive, Suite 10**

Mailing Address

City **Mississauga**

State **Ontario**

ZIP **L5L 4M1**

Country **Canada**

NAME OF SECOND INVENTOR:

☒ A petition has been filed for this unsigned inventor

Given Name

Jeff

(first and middle (if any))

Family Name
or Surname

DAYMAN

Inventor's
Signature

Date , 2000

Residence: City **Waterloo**

State **Ontario**

Country **Canada**

Citizenship **Canadian**

Mailing Address **90 rose Lea Crescent**

Mailing Address

City **Waterloo**

State **Ontario**

ZIP **N2J 4M7**

Country **Canada**

☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (3-97)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname		
Allen				MUIRHEAD		
Inventor's Signature	X				Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship
Post Office Address	c/o 2155 Dunwin Drive, Suite 10					
Post Office Address						
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname		
Paul				MOORE		
Inventor's Signature	X <i>Paul Moore</i>				Date	X 11/27/00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship
Post Office Address	c/o 2155 Dunwin Drive, Suite 10					
Post Office Address						
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname		
Taras				WORONA		
Inventor's Signature	X				Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship
Post Office Address	c/o 2155 Dunwin Drive, Suite 10					
Post Office Address						
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Simon				TREADWELL			
Inventor's Signature					Date	/00	
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Murray				VOAKES			
Inventor's Signature					Date	/00	
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Thomas				PORTER			
Inventor's Signature					Date	/00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada



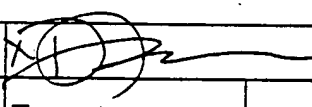
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Carlton				CHONG			
Inventor's Signature						Date	<input checked="" type="checkbox"/> /00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Liung Sen				LIAO			
Inventor's Signature						Date	<input checked="" type="checkbox"/> /00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Duncan				NEWMAN			
Inventor's Signature						Date	<input checked="" type="checkbox"/> 12/6 /00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada

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First Named Inventor	MONGOMERY, Sonya
COMPLETE IF KNOWN	
Application Number	09 / 662,706
Filing Date	September 15, 2000
Group Art Unit	3736
Examiner Name	

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(Title of the Invention)

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☐ is attached hereto

OR

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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60/154,215	09/16/1999	

[Page 1 of 2]

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Page 2 of 3

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Simon				TREADWELL			
Inventor's Signature	X <i>[Signature]</i>					Date	X /00
Residence: City	TORONTO	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 40 4214 DUNDA ST W. SUITE 102						
Post Office Address							
City	TORONTO	State	Ontario	ZIP	M9X 1Y6	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Murray				VOAKES			
Inventor's Signature	X					Date	X /00
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Thomas				PORTER			
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Carlton			CHONG				
Inventor's Signature					Date	/00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
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Given Name (first and middle (if any))			Family Name or Surname				
Liung Sen			LIAO				
Inventor's Signature					Date	/00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
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Inventor's Signature					Date	/00	
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
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	COMPLETE IF KNOWN	
	Application Number	09 / 662,706
	Filing Date	September 15, 2000
	Group Art Unit	3736
	Examiner Name	

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **022839** OR ☐ Correspondence address below

Name **RICHES, McKENZIE & HERBERT LLP**

Address **2 Bloor Street East, Suite 2900**

Address

City **Toronto**

State **Ontario**

ZIP **M4W 3J5**

Country **CANADA**

Telephone **(416) 961-5000**

Fax **(416) 961-5081**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) **Sonya**

Family Name
or Surname **MONGOMERY**

Inventor's
Signature *[Signature]*

Date *[Signature]*, 2000

Residence: City **Mississauga**

State **Ontario**

Country **Canada**

Citizenship **Canadian**

Mailing Address **c/o 2155 Dunwin Drive, Suite 10**

Mailing Address

City **Mississauga**

State **Ontario**

ZIP **L5L 4M1**

Country **Canada**

NAME OF SECOND INVENTOR:

☒ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) **Jeff**

Family Name
or Surname **DAYMAN**

Inventor's
Signature *[Signature]*

Date *[Signature]*, 2000

Residence: City **Waterloo**

State **Ontario**

Country **Canada**

Citizenship **Canadian**

Mailing Address **90 rose Lea Crescent**

Mailing Address

City **Waterloo**

State **Ontario**

ZIP **N2J 4M7**

Country **Canada**

☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (3-97)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Allen				MUIRHEAD			
Inventor's Signature	X <i>Allen Muirhead</i>					Date	27 / 100
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Paul				MOORE			
Inventor's Signature	X					Date	X / 100
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Taras				WORONA			
Inventor's Signature	X					Date	X / 100
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Simon		TREADWELL					
Inventor's Signature						Date	/00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Murray		VOAKES					
Inventor's Signature						Date	Dec 11 /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Thomas		PORTER					
Inventor's Signature						Date	/00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Carlton		CHONG					
Inventor's Signature	<i>X</i> <i>Carlton Chong</i>					Date	<i>X</i> 12/1/00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Liung Sen		LIAO					
Inventor's Signature	<i>X</i>					Date	<i>X</i> /00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Duncan		NEWMAN					
Inventor's Signature	<i>X</i>					Date	<i>X</i> /00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 61 Research Road						
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P161300
First Named Inventor	MONGOMERY, Sonya
COMPLETE IF KNOWN	
Application Number	09 / 662,706
Filing Date	September 15, 2000
Group Art Unit	3736
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND PROCESS FOR CONDITIONING MAMMALIAN BLOOD

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **09/15/2000**

as United States Application Number or PCT International

Application Number **09/662,706** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/154,215	09/16/1999	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **022839** OR ☐ Correspondence address below

Name **RICHES, McKENZIE & HERBERT LLP**

Address **2 Bloor Street East, Suite 2900**

Address

City **Toronto**

State **Ontario**

ZIP **M4W 3J5**

Country **CANADA**

Telephone **(416) 961-5000**

Fax **(416) 961-5081**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☒ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) **Sonya**

Family Name
or Surname **MONGOMERY**

Inventor's
Signature 

Date , 2000

Residence: City **Mississauga**

State **Ontario**

Country **Canada**

Citizenship **Canadian**

Mailing Address **c/o 2155 Dunwin Drive, Suite 10**

Mailing Address

City **Mississauga**

State **Ontario**

ZIP **L5L 4M1**

Country **Canada**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) **Jeff**

Family Name
or Surname **DAYMAN**

Inventor's
Signature 

Date , 2000

Residence: City **Waterloo**

State **Ontario**

Country **Canada**

Citizenship **Canadian**

Mailing Address **90 rose Lea Crescent**

Mailing Address

City **Waterloo**

State **Ontario**

ZIP **N2J 4M7**

Country **Canada**

☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Allen				MUIRHEAD			
Inventor's Signature	X			Date	X /00		
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				MOORE			
Inventor's Signature	X			Date	X /00		
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Taras				WORONA			
Inventor's Signature	X <i>[Signature]</i>			Date	00.11.27 /00		
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address	c/o 2155 Dunwin Drive, Suite 10						
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Simon				TREADWELL			
Inventor's Signature	X					Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address c/o 2155 Dunwin Drive, Suite 10							
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Murray				VOAKES			
Inventor's Signature	X					Date	X /00
Residence: City	Mississauga	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address c/o 2155 Dunwin Drive, Suite 10							
Post Office Address							
City	Mississauga	State	Ontario	ZIP	L5L 4M1	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Thomas				PORTER			
Inventor's Signature	X <i>Tom Porter</i>					Date	X 12/6/00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address c/o 61 Research Road							
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Carlton				CHONG			
Inventor's Signature	<i>X</i>					Date	<i>X</i> /00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address c/o 61 Research Road							
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Liung Sen				LIAO			
Inventor's Signature	<i>X</i> <i>Liao Liung Sen</i>					Date	<i>X</i> 12/06/00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address c/o 61 Research Road							
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Duncan				NEWMAN			
Inventor's Signature	<i>X</i>					Date	<i>X</i> /00
Residence: City	Toronto	State	Ont	Country	Canada	Citizenship	Canada
Post Office Address c/o 61 Research Road							
Post Office Address							
City	Toronto	State	Ontario	ZIP	M4G 2G8	Country	Canada

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
Sonya Montgomery, et al.)	
)	Group Art Unit: Unassigned
Application No.: 09/662,706)	
)	Examiner: Unassigned
Filed: September 15, 2000)	
)	
For: APPARATUS AND PROCESS FOR)	
CONDITIONING MAMMALIAN)	
BLOOD)	

REVOCATION AND NEW POWER OF ATTORNEY
BY ASSIGNEE OF ENTIRE INTEREST

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

As the Assignee of the entire interest in the above-identified application, all powers of attorney previously given are hereby revoked, and Gerald F. Swiss, Reg. No. 30,113; Mary Ann Dillahunty, Reg. No. 34,576; Leslie J. Boley, Reg. No. 41,490; Rebecca M. Hale, Reg. No. 45,680; Ping F. Hwung, Reg. No. 44,164; Cindy A. Lynch, Reg. No. 38,699; Larry S. Squires, Reg. No. 24,060; Teresa Stanek Rea, Reg. No. 30,427; and R. Danny Huntington, Reg. No. 27,903, are hereby appointed to prosecute and transact all business in the Patent and Trademark Office connected with the above-identified application. The Assignee has reviewed documentary and certifies that to the best of its knowledge and belief it is the owner of the entire right, title and interest in and to the above-identified application.

Please direct all telephone calls and correspondence to:

Gerald F. Swiss, Esq.
BURNS, DOANE, SWECKER & MATHIS, L.L.P.
P.O. Box 1404
Alexandria, Virginia 22313-1404
(650) 622-2300

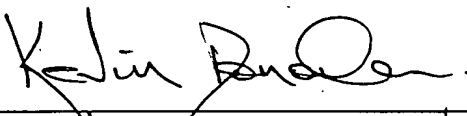


21839

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

Date: 8 May 2001.

Signature: _____


Name: Kevin Donohue
Title: Director
Company: Vasogen Ireland Limited